

Open Enrollment is from Oct 15 – Dec 7th

MAOEP January 1st - March 31st

Special Needs Plans C-SNP, D-SNP & PACE Comparisons – Stanislaus County – January 1, 2026 Final

 <p>HICAP Health Insurance Counseling and Advocacy Program 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540</p>	Original Medicare 2026 Medicare 1-800-633-4227 Plan Name	Alignment Health Plan 1-888-979-2247 209-663-3105 209-268-8128 Doctors, Emanuel Hospitals AllCare				Central Health Embrace Care Plan 1-888-714-7550 Doctors, Emanuel, Memorial, Oak Valley Hospitals Central Valley Medical Group,	SCAN Health Plan 1-888-315-7226 916-207-8922 209-281-1442 Doctors, Emmanuel, Memorial, Oak Valley Hospitals Allcare, Central Valley Medical Group		
		Heart & Diabetes Care HMO C-SNP (048)	Heart & Diabetes CalPlus HMO C-SNP (039)	BreathEasy HMO C-SNP (041)	Clarity HMO C-SNP (042)	Embrace HMO C-SNP (025-3)	Balance HMO C-SNP (070)	Strive HMO C-SNP (098)	
		Monthly premium Part B Premium \$202.90		\$0 + B	\$0 + B	\$0 for full duals	\$0 for full duals	\$0 + B	\$0 + B
Hospital coverage First 60 days \$565 Day 61-90 \$1,736 Deductible \$1,736		Part A Premium \$100 per day 1-5 \$0 beyond unlimited days		\$0 unlimited for full duals	\$0 unlimited for full duals	\$0 unlimited for full duals	\$0 days 1-5 \$150 per day 6-9 \$35 per day 10-90	\$0 (Unlimited Days)	\$0 per day 1-60 \$419 per day 61-90 \$838 per day 91-150
Physicians Specialists	\$283 B Deductible 20% 20%	\$0 \$0	\$0 for full duals	\$0 for full duals	\$0 for full duals	\$0 \$0	\$0 \$0	\$0 \$0	\$0 \$0
Outpatient Hospital/ Surgery Center	varies by service	\$200 \$100	\$0 for full duals	\$0 for full duals	\$0 for full duals	\$0 - \$150 \$0 - \$100	\$0	20% of total cost *waived for full duals	
Emergency ambulance Emergency Room copay	20% 20%	\$100* \$120*	\$0 for full duals	\$0 for full duals	\$0 for full duals	\$0-\$200 \$150*	\$100 \$95*	20% total cost (up to \$115) *waived for full duals	
Durable Med Equip i.e. wheelchair, walker etc.	20%	\$0 (\$500 or less) - 20% (\$500.01 or more)	\$0 for full duals	\$0 for full duals	\$0 for full duals	\$0 - 20%	\$0 (\$99)) 20% (\$100)	0% - 20% *waived for full dual	
Lab work/ x-rays, Diagnostic Tests (like EKG)	20%	\$0/ \$0/ \$0	\$0 for full duals	\$0 for full duals	\$0 for full duals	\$0/ \$0/ \$0	\$0/ 20%	\$0/ 20% *waived for full dual	
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 12 Plans (PDP) Plan Premiums \$0 - \$227.80	T1 \$0 T2 \$5 T3 \$30	T1 \$0 T2 -T3 LIS level	T1 \$0 T2 -T3 LIS level	T1 \$0 T2 15% T3 15%	T1 \$0 T2 \$0 T3 \$42	T1 \$0 T2 \$0 T3 24% \$0 full LIS		
Skilled Nursing/Rehab	Copay \$0 1-20 \$217 per day 21-100	\$20 per days 1-20 \$100 21-100 Rehab \$0	\$0 for full duals	\$0 for full duals	\$0 for full duals	\$0 Days 1-20 \$209.50 per day 21-100	\$0 days 1-20 \$50 copay days 21-100	\$0 days 1-20 \$209.50 copay days 21-100	
Transportation	Not Covered	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
Dental/Vision/Hearing	Not Covered	Yes/Yes/No	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/ Yes/ Yes	Yes/Yes/Yes	Yes/Yes/Yes	Yes/Yes/Yes	
Out of pocket (OOP) except Rx	N/A	\$1,990	\$9,250	\$9,250	\$9,250	\$1,900	\$750	\$9,250	

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HICAP Health Insurance Counseling and Advocacy Program 3500 Coffee Road Suite 19 Modesto, CA 95355 209-558-4540	Original Medicare 2026 Medicare Plan Name 1-800-633-4227	Health Plan of San Joaquin Mountain Valley Health Plan 1-855-973-2273 Doctors, Emanuel, Memorial, Oak Valley Hospitals Allcare, Central Valley Medical Group, Sutter	Imperial Health Plan 1-800-838-5914 1-800-838-8271 Doctors, Emanuel, Oak Valley Hospital AllCare	Kaiser Permanente Senior Advantage 1-888-448-9400 209-518- 8190 Kaiser Permanente Medical Center	WellCare By Health Net 1-844-480-0680 Doctors, Emanuel, Memoria, Oak Valley Hospital Allcare, Central Valley Medical Group	Central Valley PACE 209-724-6000 Doctors, Emanuel, Oak Valley Hospitals Program for All- Inclusive Care for the Elderly	WelbeHealth PACE 209-442-6077 209-264-8095 Doctors, Emanuel, Memorial Hospitals Program for All-Inclusive Care for the Elderly Sutter Health
		Advantage D-SNP (HMO 001-0)	Imperial Senior Value HMO C-SNP (005)	Dual Complete Medicare/Medi-Cal Plan	Wellcare Dual Align (HMO D-SNP H3561-008) \$0 SOC Medi-Cal	Central Valley Stanislaus County	WelbeHealth serves most zip codes in Stanislaus County
		Part B Premium \$202.90	\$0	\$0 \$25 reduction	\$0 if Full Dual	\$0	\$0 (FBDE) SOC
Hospital coverage First 60 days Day 61-90 Day 91-150	Part A Premium \$565 Deductible \$1,736	\$0 days 1-90	\$0 days 1-90	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Physicians Specialists	\$283 B Deductible 20% 20%	\$0 \$0	\$0 \$0	\$0 if Full Dual	\$0 \$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Outpatient Hospital services/surgery	varies by service	\$0	\$100	\$0 if Full Dual	\$0 \$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Emergency ambulance Emergency Room Copay	20% 20%	\$0 \$0	\$150 * \$125*	\$0 if Full Dual	\$0 \$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Durable Med Equip i.e. wheelchair, walker etc.	20%	\$0	20%	\$0 if Full Dual	\$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Lab work/ x-rays, Tests (like MRI)	20%	\$0 / \$0/ \$0	\$0 / \$0 / \$0	\$0 if Full Dual	\$0 / \$0 / \$0	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Prescription drugs Tier level = T 1-3 copays T 4-6 not listed	Private Part D 12 Plans (PDP) Plan Premiums \$0 - \$227.80	T1 - \$0 T2 \$1.60 or \$5.10 T3 \$4.90 or \$12.65	T1 - \$0 T2 - \$6 T3 - \$45	\$0	T1 \$18 T2 \$19 T3 20%	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Skilled Nursing/Rehab	Copay \$0 1-20 \$217 per day 21-100	\$0 per day 0-100	\$0 per day 1-20 \$100 per day 21-50 \$200 per day 51-100	\$0 if Full Dual	\$0 per day 1- 20 \$0 per day 21-70 \$0 per day 71-100	\$0 for Full Duals Contact Plan	\$0 for Full Duals Contact Plan
Transportation	Not Covered	Yes	Yes	Yes	Yes	Yes	Yes
Dental/Vision/Hearing	Not Covered	No/Yes/Yes	Yes/ Yes/ Yes	Yes/Yes/yes	Yes/ Yes/ Yes	Yes/Yes	Yes/Yes/Yes
Out of pocket (OOP) Annual limit – except Rx	N/A	\$9,250	\$296	\$0 OOP (FBDE) or \$9,250	\$0 OOP (FBDE) or \$9,250	\$0 FBDE	\$0 FBDE